

Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

Establishment Name COFFEE CROSSING	Telephone Number Est 812-946-9410 Own 502-214-0196	Date of Inspection 02/10/2022	ID#
Address 140 E MAIN ST, NEW ALBANY IN 47150			
Owner ALAN BUTTS	Purpose <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow Up	Released 02/10/2022
Owner's Address 208 ROSEWOOD DRIVE CLARKSVILLE, IN 47129			
Person in Charge VALERIE WEBB			
Responsible Person's Email DANIELC@COFFEECROSSING.COM		Menu Type 1 _ 2 <u>X</u> 3 _ 4 _ 5 _	
Certified Food Handler BRITTANY NICHOLSON			

CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected
195	X			Observed establishment using reduce oxygen packaging (ROP) to seal breakfast sandwiches without an approved variance. Est. must discontinue this process until it has been approved. Reduced oxygen packaging will change the est menu type to from a 2 to a 4.	1 month
191	X		X	Observed no date mark on thawed breakfast sandwiches in upstairs kitchen cooler.	1 day
254		X		Observed thermometer in upstairs cooler to be reading 20F. It was measured at 40F. Replace thermometer.	3 days
422		X		Observed person items, jackets, on counter in upstairs kitchen. Consider installing or determining area for additional employee storage.	Corrected

Summary of Violations C 2 NC 2 R 1

Received by (name and title printed):

Inspected by (name and title printed):

Thomas Snider CFS

Received by (signature):

Inspected by (signature):

Thomas Snider

cc:

cc:

cc: